

STATE OF IDAHO  
DEPARTMENT OF INSURANCE  
700 WEST STATE STREET, 3rd FLOOR  
PO BOX 83720  
BOISE, ID 83720-0043

0560  
FOR DEPARTMENT USE ONLY 1315-10  
TOTAL

**STATEMENT OF PREMIUM TAXES**  
**RISK RETENTION GROUPS**

REGISTRATION NO.	NAIC NO.	
COMPANY NAME		FOR CALENDAR YEAR ENDING DECEMBER 31, 2005
MAILING ADDRESS		DOMICILE STATE

**RECAP OF TAXES**

1. TOTAL TAXES DUE (Page 3, Schedule B, Line 4, GREATER of Column A or Column B) \$ \_\_\_\_\_
2. Less 2005 PREPAYMENTS REMITTED: (1) JUNE 15 \$ \_\_\_\_\_  
(2) SEPT. 15 \$ \_\_\_\_\_  
(3) DEC. 15 \$ \_\_\_\_\_
3. TAX SUBTOTAL - Line 1 less Line 2. If negative amount, also enter on Line 6. \$ \_\_\_\_\_
4. PLUS PENALTY, IF DUE (\$25.00 per day from postmark delinquency. Idaho Code § 41-404) \$ \_\_\_\_\_
5. AMOUNT ENCLOSED – (If applicable)  
Make checks payable to: **Idaho Department of Insurance.**  
There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.  
Your canceled check is your receipt. \$ \_\_\_\_\_  
Indicate if payment is by EFT \_\_\_\_\_
6. REFUND DUE FOR TAX OVERPAYMENT ONLY \$ \_\_\_\_\_

Under penalty of perjury, I declare that this statement (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete statement.

_____ Contact Person	_____ Signature of Officer	_____ Date
(       ) _____ Telephone Number	_____ Name and Title (Type or Print)	

## SCHEDULE A - COMPUTATION OF PREMIUM TAX

1. TOTAL DIRECT PREMIUMS WRITTEN PLUS SERVICE OR FINANCE CHARGES  
(including policy, membership, installment and similar fees), LESS RETURN  
PREMIUMS ON POLICIES NOT TAKEN. Must agree with the ATTACHED Annual Statement  
Idaho Business Page, Schedule T or supporting financial documents. \$ \_\_\_\_\_
2. LESS DIVIDENDS PAID OR CREDITED TO THE ACCOUNT OF POLICYHOLDERS.  
Must agree with the ATTACHED Annual Statement Idaho Business Page, Schedule T or  
supporting financial documents. \$ \_\_\_\_\_
3. NET TAXABLE PREMIUMS (Line 1 - Line 2)  
Carry forward to Page 3, Schedule B, Line 1, Column A. \$ \_\_\_\_\_
4. PREMIUM TAX (2.5% of Line 3)  
Carry forward to Page 3, Schedule B, Line 1B, Column A. \$ \_\_\_\_\_

**RETALIATORY SCHEDULE B MUST BE COMPLETED.**

⇔ **COPIES OF THE ANNUAL STATEMENT IDAHO BUSINESS PAGE, AND SCHEDULE T  
OR SUPPORTING FINANCIAL DOCUMENTATION MUST BE ATTACHED.**

# SCHEDULE B – COMPUTATION OF RETALIATORY TAXES

Idaho Code § 41-340 (2) and (3)

NET PREMIUMS SUBJECT TO TAX:	Column A AMOUNT PAID IN IDAHO	Column B AMOUNT WOULD PAY IN DOMICILE STATE
1. RISK RETENTION GROUP PREMIUMS	\$ _____	\$ _____
A. PREMIUM TAX RATE	_____ 2.5% _____	_____
B. PREMIUM TAX (Line 1 x Line 1A)	\$ _____	\$ _____
2. MUNICIPAL, CITY OR COUNTY PREMIUMS	XXXXXXXXXXXXXXXXXXXXX	\$ _____
A. MUNICIPAL, CITY OR COUNTY TAX RATE	XXXXXXXXXXXXXXXXXXXXX	_____
B. MUNICIPAL, CITY OR COUNTY TAX (Line 2 x Line 2A)	XXXXXXXXXXXXXXXXXXXXX	\$ _____
3. OTHER TAXES - Identify Each:		
_____	XXXXXXXXXXXXXXXXXXXXX	\$ _____
_____	XXXXXXXXXXXXXXXXXXXXX	\$ _____
4. TOTAL TAXES (Lines 1B+2B+3) Carry GREATER amount of Column A or B forward to Page 1, Recap of Taxes, Line 1	\$ _____	\$ _____